

**Application for State-Allowed Accommodations**  
**The ACT for Tennessee Statewide Test – Spring 2009**  
**RECEIPT DEADLINE: March 6, 2009**

*Important NOTE: Do NOT use this form to request ACT-Approved Accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose request for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for state assessment purposes, but will NOT be reported to colleges, scholarship agencies, or any other entities.*

This form is to be completed by a school official, such as counselor, special education teacher, or principal.

**A. STUDENT INFORMATION** (Please print clearly.)

Student Name (Last, First, M.I.)	Date of Birth (Mo/Day/Yr)	State-Assigned Student ID (SASID) Number	
Student Street Address or PO Box	City	State	Zip Code
Name of High School the Student Attends and Where the Student Will Test		ACT High School Code (required)	
Name of Home High School (only if different from the school the student attends)		ACT High School Code (required)	

**B. TEST FORMAT REQUESTED.** Check only one. All test booklets, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-Approved Accommodation. If a student needs Braille in addition to other State-Allowed Accommodations, please call ACT at 800/553-6244, ext. 1788 before completing this application.)

**Printed Booklet**

- ☐ (01) Regular Type (10-point)  
☐ (02) Large Type (18-point)

**Audiocassette**

- ☐ (04) with Regular Type  
☐ (05) with Large Type

**Reader's Script**

- ☐ (07) with Regular Type  
☐ (08) with Large Type

**Audio DVD**

- ☐ (DA) with Regular Type  
☐ (DD) with Large Type

**C. SCHOOL OFFICIAL'S SIGNATURE (required).** *I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores earned with State-Allowed Accommodations will be reported **ONLY** for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities.*

\_\_\_\_\_  
 School Official's Signature (may not be a relative of the student)

\_\_\_\_\_  
 Print Official's Name and Title

**D. STUDENT AND PARENT SIGNATURES (required).** *I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in August.*

\_\_\_\_\_  
 Student's signature (**required** if 18 or older)

\_\_\_\_\_  
 Parent/legal guardian signature (**required** if student is under 18)

\_\_\_\_\_  
 Date

NOTE: School official may sign for parent/legal guardian if verbal acknowledgement has been obtained by phone.

**SUBMITTING THE APPLICATION.** Incomplete or unsigned forms will not be processed. The request **must** be submitted with a signed Test Accommodations Coordinator Header. Address all requests from your school as a group to: ACT State Test Accommodations - **TN**, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All submissions must be **received** at ACT by **March 6, 2009**. (Keep a photocopy for your files.)